

Medicare Plus \$1,000,000 Plan

Administered by BlueCross BlueShield
of Wisconsin



**BlueCross BlueShield of
Wisconsin**

An independent license of the BlueCross
and BlueShield Association

What we are

The Medicare Plus \$1,000,000 Plan is designed to supplement, not duplicate the benefits available under the Federal Medicare program for State of Wisconsin annuitants. Eligibility is limited to individuals enrolling in both Part A and Part B Medicare when first eligible and Medicare is the primary payor. It is administered by BlueCross BlueShield of Wisconsin (BCBSWi) – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

Benefit Maximum

New for 2005, each Plan participant has a \$1,000,000 lifetime aggregate benefit maximum to which all medical and prescription claims will apply. This replaces the \$100,000 per illness or injury maximum.

Quality Initiatives

- State of Wisconsin calls are given the highest priority by all BCBSWi call centers, thereby increasing our telephone accessibility
- 100% of written inquiries will be resolved within 12 working days. A goal that has been met in both 1st and 2nd quarters of 2004.
- New measures have been implemented to improve timeliness and accuracy of claim processing.

Exclusions and limitations

- Benefits will be limited to the charges for treatment, services, and supplies less payments available from Medicare and/or other coverage.
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or which are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Weight loss treatments or programs
- Care covered by worker's compensation
- Cosmetic surgery

Freedom of choice

This plan allows you complete freedom of choice in selecting a physician or hospital that is convenient for you. If you go on vacation or reside away from home during the year, this freedom of choice allows your health coverage to "go with you," including when traveling abroad.

If you have already established relationships with physicians of your choice, this plan will allow you uninterrupted access to those health care providers.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to your Medicare + \$1,000,000 benefit handbook (ET-4113) or by contacting BCBSWi.

Service Centers

**Customer Care hotline for
State of Wisconsin Employees**
1-800-755-6400

or www.bluecrosswisconsin.com

Northeastern
145 S Pioneer Rd.
Fond du Lac WI 54935

Southwestern
500 Hwy 51 East
Platteville WI 53818

Western
2270 EastRidge Center
Eau Claire WI 54701

We are able to answer questions about claims or benefits by letter or telephone. To provide more convenient service, walk-in customer service is also available at each service center.

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Health Benefits	Plan Pays*	Limitations
Physician	100%	None
Hospital	100%	120 days in semi-private room.
Laboratory and X-rays	100%	None
Behavioral Health (Combined with Alcohol and Drug Abuse) <i>In 2005, annual dollar maximums for Behavioral health services are suspended.</i>	100%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less.
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Behavioral Health) <i>Maximum for all services is \$7,000 per calendar year, combined.</i>	100%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less.
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency Room	100%	None
Extended Care Facility	100%	Medicare-approved service and facility-contract maximum. Medicare approved services** at non-Medicare approved facility – if admitted within 14 day after a hospital stay of 3 days or more: \$50 per day for first 100 days, then the contract maximum. Excludes custodial care as defined in the contract.
Vision Care	100%	For illness or disease only.
Prescribed medical services/supplies	100%	None
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
Chiropractic care	100%	None
Ambulance	100%	None
Additional Benefits		
Physical, speech & occupational therapy	100%	None
Home health care	100%	365 visits per calendar year
Home hospice care	100%	80 visits per six months
Hearing aid	0%	Not a covered benefit
Oral surgery	100%	None
Prescription Drugs		Separate PBM administration through Navitus.

- Medicare Plus \$1,000,000 provides benefits and reimbursement for all Medicare deductibles for covered services.
- The Contract maximum benefit of the Medicare Plus \$1,000,000 Plan is \$1,000,000 lifetime aggregate, which is in addition to benefits paid by Medicare.
- Medicare Plus \$1,000,000 Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield of Wisconsin. In some cases, the amount BCBSWi determines as reasonable may be less than the amount billed by your provider. Those providers who do not accept Medicare assignment and who are not listed in the BCBSWi State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSWi will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our web site. If such a charge dispute arises, contact BCBSWi. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

* Includes Medicare payment.

** Approved services means services which would be paid by Medicare if provided in a Medicare-approved facility.